

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		10/26/99
O.I.P.E. CLASSIFIER	CJ	49	10/30/99
FORMALITY REVIEW	CJ	699916	11/9/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final 1	9/3/93
Original 2	9/24/93
Final 3	9/30/93
Original 4	10/03/93
Final 5	10/03/93
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If more than 150 claims or 10 actions  
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